



Montana Department Of Environmental Quality
Permitting & Compliance Division
Air & Waste Management Bureau
P.O. Box 200901
Helena, MT 59620-0901

TERMINATION OF REGISTERED HAZARDOUS WASTE TRANSPORTER FORM

(Please list your company's information as you want it to appear.)

**TRANSPORTER'S
EPA ID NUMBER**

(Mandatory)

**NAME OF
TRANSPORTER**

(Company Name)

no longer desires to be registered with the Montana Department of Environmental Quality as a hazardous waste transporter. Please delete our business from the registered transporter listing. We understand that by terminating the registration we will be unable to legally transport hazardous waste

**TRANSPORTER
MAILING
ADDRESS**

(Street or P.O. Box)

(City or Town)

(State)

(Zip)

**TRANSPORTER
CONTACT**

(Last Name)

(First Name)

(Title)

TELEPHONE

(Telephone Number)

(Extension)

**ALTERNATE
TRANSPORTER
CONTACT**

(Last Name)

(First Name)

(Title)

TELEPHONE

(Telephone Number)

(Extension)

**TRANSPORTATION
SERVICE**

Are hazardous waste transportation services provided on a for-hire basis or is the hazardous waste transportation activity strictly private in nature (i.e., the hazardous waste generator and the transporter are one in the same entity).

☐ For Hire Transporter

☐ Private Transporter Only

(Signature of Company Official and Title MUST be included below)

(Name - Please Print)

(Signature)

(Title)

(Date Signed)